S. No. 2
—12-45
5-17-39
X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5716

Primary Registration District No. 3052

Registrar's No. 10

**1. PLACE OF DEATH:**

(a) County: Pettis

(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 304 W. 7th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 6 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Pettis

(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No.: 304 W. 7th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: SARAH ANN COX

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Wid.

6. (b) Name of husband or wife: Hiram W.

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: May (Month) 3. (Day) 1854 (Year)

8. AGE: Years 93 Months 8 Days 7 If less than one day hr. min.

9. Birthplace: Lincoln County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: Elec McGowan

13. Birthplace: UNknown (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Mary Galloway

15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Maude O. Steeples

(b) Address: 304 W. 7th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-12-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Crown Hill Cemetery

18. (a) Signature of funeral director: Geo Dillard

(b) Address: Sedalia Mo

19. (a) 1/12/48 (Date received by local registrar) (b) Betty Yeager (Registrar's signature) Deputy

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 10 year 1948 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from over three years, 19..., to Jan. 10th, 1948., 19...; that I last saw her alive on January 9th, 1948., 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Myocarditis. | ? |
| Due to: | |
| Due to: | |
| Other conditions: Senility. Arterio-Sclerosis. (Include pregnancy within 3 months of death) | ? |

Major findings:
Of operations: None.
Of autopsy: None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): None.

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work: (b) Means of injury:

23. Signature: Jno. B. Carlisle, M.D. (M.D. or other) MD

Address: Sedalia Mo Date signed: Jan 13 1948

1-12-48.

**RECEIVED**
**District Health Officer No. 8,**

District File Number _____

Date Filed 3-4-48

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Frank S. Coffman Jr., Registered Apprentice No. 16, working under my personal supervision.

Signed Geo Dillard

Licensed Embalmer No. 3868

P. O. Address _____

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**